

Effective Date: 05/06/97

Reviewed/Updated: 02/18/99; 06/01/00; 01/30/07; 08/11/11; 04/16/12; 05/8/13; 09/11/15; 02/11/16; 05/09/19; 11/7/19; 8/10/23

Reviewed/No updates: 01/28/13; 02/13/14; 02/12/15; 02/09/17; 02/08/18; 2/14/19; 2/13/20; 02/11/21; 2/17/22, 2/2/23, 2/8/24, 2/20/25

Airway Pressure Management in Sleep Apnea

Purpose:

To provide consistency in providing Durable Medical Equipment (DME) support to patients diagnosed with sleep apnea, in which documentation supports treatment with airway pressure management.

Policy:

VCHCP members will be provided with DME for airway pressure management after diagnosis of sleep apnea and evaluation of sleep apnea studies with and without Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP). Initial use will be authorized for monthly rental with a network provider. After use for three (3) months, patient acceptance and efficacy are to be evaluated for purchase of equipment by the Plan. The Ventura County Health Care Plan uses the current Medicare Compliance Requirements for CPAP/BIPAP usage to continue to provide CPAP/BIPAP therapy, machine purchase or the provision of CPAP Supplies. The documentation must show that over a 30-day period, the patient has used CPAP or BIPAP for 4 hours or more for at least 70% of the nights in 30 consecutive days.

The Medical Director of the Plan may contact the member's Primary Care Provider to request and develop a satisfactory overall treatment plan.

Criteria:

1. Documentation from PCP of symptoms of sleep apnea.
2. Report from sleep study provider including documentation of sleep apnea as well as compliance and improvement with use of airway pressure management.
3. Request from PCP for CPAP support at stated parameters of pressure as indicated during sleep study.
4. The documentation provided to the Plan with the request meets the requirements of the current version of the Milliman Care Guideline on Sleep Center CPAP Therapy.

CPAP/BIPAP Supplies:

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The VCHCP will replace supplies needed for CPAP/BIPAP treatment every 3 months.

CPAP machine replacement:

Follow requirements in the DME replacement policy. The vendor must certify that the equipment is not in working order and cannot be repaired. Lost equipment will not be replaced.

Additionally, *if available (but not required) the most current* compliance report can be submitted showing the member has been using the machine in accordance with the requirements above for initial purchase.

For Children:

Medically Necessary:

CPAP for the treatment of obstructive sleep apnea (OSA) is considered medically necessary when the following criteria are met:

- Age less than 3 or any age with co-morbidities (e.g. obesity, Down Syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses): There is a documented diagnosis of obstructive sleep apnea (OSA) and polysomnography demonstrates an apnea index (AI) or apnea-hypopnea index (AHI)* equal to or greater than one (1)
- Adenotonsillectomy** has been unsuccessful in relieving OSA; OR
- Adenotonsillar tissue is minimal, OR
- Adenotonsillectomy is inappropriate based on OSA being attributable to another underlying cause (e.g., craniofacial anomaly) or adenotonsillectomy is contraindicated.

* The AHI is calculated by dividing the number of apnea events by the number of hours of sleep

**Refer to Medical Policy: Pediatric Tonsillectomy for Obstructive Sleep Apnea

Not Medically Necessary:

Pediatric uses of CPAP are considered **not medically necessary** when the criteria listed above are not met.

ORAL APPLIANCE/MANDIBULAR ADVANCEMENT DEVICES

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The primary treatment of obstructive sleep apnea is CPAP. However, an oral appliance may be indicated as an alternative treatment in certain situations. An oral appliance may be covered for the following indications:

- A diagnosis of mild obstructive sleep apnea and the patient is intolerant of CPAP therapy despite evaluation by and working with a respiratory therapist.
- A diagnosis of moderate or severe obstructive sleep apnea as a component of treatment that includes additional modalities. Some patients may not tolerate the high-pressure settings needed to resolve their sleep apnea and the addition of an oral appliance may allow the pressures to be decreased to tolerable levels.

Additionally, patients must have sufficient dentition to allow for retention of appliance, no active periodontal disease or dental decay and no active temporomandibular joint disorder.

NOTE: oral appliances are not indicated for and not covered for snoring only.

A. Attachments: None

B. History:

Reviewer/Author: Richard Ashby, MD; Date: 05/06/97

Reviewed/Revised: Richard Ashby, MD; Date: 02/18/99 & 06/01/00

Revised: Cynthia Wilhelmy, MD; Date: 01/30/07

Committee Review: UM: February 20, 2007; QAC February 27, 2007

Revised: Albert Reeves, MD; Date: 08/10/11

Committee Review: UM: August 11, 2011; QAC: August 23, 2011

Reviewed/No Updates: Albert Reeves, MD; Date: 04/16/12

Committee Review: UM: May 10, 2012; QAC May 22, 2012

Reviewed/No Updates: Albert Reeves; Date: 01/28/13

Committee Review: UM: February 14, 2013; QAC: February 26, 2013

Reviewed/Updated: Albert Reeves, MD; Date: 05/08/13

Committee Review: UM: May 09, 2013; QAC May 28, 2013

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QAC: February 25, 2014

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/Updated: Catherine Sanders, MD Date: 09/11/15

Committee Review: UM: November 12, 2015; QAC: November 24, 2015

Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

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Reviewed/No updates: 01/28/13; 02/13/14; 02/12/15; 02/09/17; 02/08/18; 2/14/19; 2/13/20; 02/11/21; 2/17/22, 2/2/23, 2/8/24, 2/20/25

Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 09, 2017; QAC: February 28, 2017
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 08, 2018; QAC: February 27, 2018
 Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/Updates: Robert Sterling, MD
 Committee Review: UM: May 9, 2019; QAC: May 28, 2019
 Reviewed/Updated: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: November 12, 2019; QAC: November 26, 2019
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 11, 2021; QAC: February 23, 2021
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 17, 2022; QAC: February 22, 2022
 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 2, 2023; QAC: February 7, 2023
 Reviewed/ Updated: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: August 10, 2023; QAC: August 29, 2023
 Reviewed/ Updated: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2024; QAC: February 27, 2024
 Reviewed/Updated by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

C. Reference: VCHCP Evidence of Coverage Milliman Care Guidelines

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review

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2/14/19	No	Catherine Sanders, MD Robert Sterling, MD	Annual Review
5/9/19	Yes	Robert Sterling, MD	CPAP machine replacement: Follow requirements in the DME replacement policy. The vendor must certify that the equipment is not in working order and cannot be repaired. Lost equipment will not be replaced. Additionally, <i>if available (but not required) the most current</i> compliance report can be submitted showing the member has been using the machine in accordance with the requirements above for initial purchase.
11/7/19	Yes	Howard Taekman, MD Robert Sterling, MD	The VCHCP will replace supplies needed for CPAP/BIPAP treatment every 3 months.
2/13/20	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
8/10/23	Yes	Howard Taekman, MD Robert Sterling, MD	Updated #2 criteria: Report from sleep study provider including documentation of sleep apnea as well as compliance and improvement with use of airway pressure management.
2/8/24	No	Howard Taekman, MD Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD and Robert Sterling, MD	Added criteria "Age less than 3 or any age with co-morbidities (e.g. obesity, Down Syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses)"